



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
111 SOUTH GEORGE MASON DRIVE
ARLINGTON, VA 22204-1382

NGB-ARS

MEMORANDUM FOR THE CHIEFS OF STAFF

SUBJECT: Army National Guard Post Deployment Health Re-Assessment Screen

References:

- a. DoD Instruction 6490.3 "Implementation and Application of Joint Medical Surveillance for Deployments," August 7, 1997
- b. 10 USC 1074F, "Medical tracking system for members deployed overseas," November 18, 1997
- c. Joint Chief of Staff Memorandum, Subject: Updated Procedures for Deployment Health Surveillance and Readiness, February 1, 2002 (MCM-0006-02)
- d. Under Secretary of Defense (Personnel & Readiness) Memorandum, Subject: Enhanced Post-Deployment Health Assessments, April 22, 2003.
- e. Deployment Cycle Support (DCS) CONPLAN, 2 May 2003.
- f. ASD(HA) Memorandum, Subject: Policy for Department of Defense Deployment Health Quality Assurance Program, January 9, 2004.
- g. ASD(HA) Memorandum, Subject: Automation of Pre- and Post-Deployment Health Assessment Forms, May 31, 2004.
- h. ASD(HA) Memorandum, Subject: Post-Deployment Health Reassessment (PDHRA), dated March 10, 2005.
- i. Memorandum, Department of the Army Memorandum, Subject: U.S. Army Post Deployment Health Reassessment Implementation Plan **DATE**.
- j. MILPER Message Number 05-273: Line of Duty (LOD) Post Deployment Health Reassessment Policy

2. Purpose. The purpose of this memorandum is to provide the Army National Guard with implementation guidance regarding the Department of Defense mandatory requirement to offer the Post Deployment Health Re-Assessment (PDHRA) 90 -180 days after Soldier returns to home station.

SUBJECT: Army National Guard Post Deployment Health Re-Assessment Screen
NGB-ARS Policy Memorandum 05-005

3. Background. Research shows that our Soldiers may experience unrecognized and undiagnosed medical conditions that surface after the Soldier has been Released From Active Duty (REFRAD). Employing the PDHRA assists leaders in identifying and resolving deployment related medical issues especially as it relates to Soldiers' behavioral health.

4. Applicability: This policy applies to all Soldiers who have been mobilized and served on active duty for 30 days or more to a combat zone since 11 September 2001, regardless of current military status. Priority should be given to scheduling recently redeployed troops who will be in a three to six month redeployment window starting in February 2006. The priority units will always be those units in this three to six month window for the duration of the program.

5. Funding: The Department of Defense has established a centralized contract with Federal Occupational Health (FOH) to provide the Reserve Component (RC) with PDHRA teams and a central call center to accomplish the PDHRA screening process. Supplemental staff authorized to provide support for Soldiers identified as having health related issues is outlined in enclosure 3, Resource Recommendation. States will be required to track cost of supplemental staff and travel costs to referred appointments.

6. PDHRA program evaluation has been developed through the DoD and Army PDHRA working groups. Standardized training videos for both Soldiers and Providers are currently in development through the Walter Reed Army Institute for Research (WRAIR) and will be distributed as soon as are completed.

7. A pilot PDHRA program was initiated on 5 November with the 39th BCT units from Arkansas and full implementation of this program is anticipated in February 2006.

8. Point of contact for the pilot program and initial implementation is **POC INFORMATION, DSN 327-XXXX or commercial (703)607-XXXX.**

13 Encls

1. PDHRA Responsibilities
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7. PDHRA Timeline
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10. HCP Training Requirements
12. Battlemind Training Program

MATTHEW L. MURPHY
Colonel, GS
Chief of Staff, Army National Guard

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13. VA Coordination

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Enclosure 1, Responsibilities

1. Director Army National Guard is responsible for the ARNG PDHRA Program.
2. Chief Surgeon Army National Guard Bureau is responsible for:
 - a. In coordination with FORSCOM, the Army G-1 and the OTSG, establish plans, policies, and programs to ensure that all ARNG Soldiers that meet the eligibility criteria for a PDHRA screening are afforded the opportunity to complete PDHRA.
 - b. In coordination with FORSCOM, provide one ARNG brigade-size unit for a phased implementation PDHRA pilot program to begin on 1 November 2005, or as soon as practical thereafter.
 - c. Assist the OTSG and MEDCOM with staff assistance visits.
3. G-1 Army National Guard is responsible for:
 - a. Oversight of the ARNG PDHRA Program
 - b. Integration of the PDHRA into the NGB Deployment Cycle Support (DCS) plan.
 - c. Defining a Line of Duty process for the Soldiers identified during the PDHRA process.
 - d. Educating Soldiers on the available benefits. Ensure that a Line of Duty (LOD) report is completed as required per the Department of the Army G-1 message on PDHRA LODs. Treatment will be offered commensurate with eligibility requirements.
 - e. Providing a liaison (Program Manager) to the states for program operation and funding management.
 - f. Coordinating with states and FOH contractor to schedule on-site PDHRA screenings.
4. G-3 Army National Guard is responsible for providing guidance for units to schedule PDHRA within 90-180 days post-deployment and for ensuring units redeploying have training schedules annotated for time for PDHRA screening.
5. G-6 Army National Guard is responsible for reviewing IT requirements for computer application of the PDHRA.
6. ARNG Liaison at the Military Medical Support Office (MMSO) is responsible for coordinating with NGB LOD POC to identify and facilitate LOD process for Soldiers identified for LOD care through the PDHRA process.

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7. State Surgeon (If State Surgeon is Air National Guard, coordinate with Medical Detachment Commander) is responsible for identifying and documenting process and location for emergency referrals identified during the PDHRA.

8. JFHQ, J-1 is responsible for:

a. Providing personnel roster of units and Soldiers who are redeploying (minimum of three months ahead of time) to schedule the PDHRA.

b. Integrating the PDHRA into the NGB/ State Deployment Cycle Support (DCS) plan.

c. Processing in Line of Duty cases IAW AR 600-8-4 and MILPER Message Number 05-273: Line of Duty (LOD) Post Deployment Health Reassessment Policy. Ensuring ARNG Soldiers requiring evaluation or treatment as a result of the PDHRA screening process are provided appropriate follow-up through the VA, a military treatment facility, or through the Military Medical Support Office (MMSO), depending upon their eligibility and proximity of the soldier's home of record to the treatment facility.

d. Establishing reporting procedures, and monitoring and tracking compliance of all state/territory units for completion of the PDHRA screening process. At a minimum, the monthly report will include: Number of eligible soldiers, Number of eligible soldiers screened, Number of soldiers referred for follow-up (by Medical Health, Behavioral Health, Medical and Behavioral Health).

e. Identifying a Project Manager to manage and coordinate program at the State level.

f. Scheduling/Coordinating the PDHRA Screening Team with the NGB Program Manager.

g. Coordinating with J-3 to have training schedules allocate time for completion of PDHRA within 90-180 days post deployment.

h. Coordinating locations identified by the units for screening and insuring that privacy requirements are met.

i. Providing/coordinating the following briefings prior to administration of the PDHRA:

(1) Veteran Health Care Administration. All Soldiers should be encouraged to enroll in Veterans Health Care Administration on site when applicable.

(2) TRICARE

(3) LOD applicability.

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(4) Behavioral and mental health aspects associated with deployment.

(5) Overall health aspects associated with deployment.

(6) “Battlemind Training”

j. Coordinating for the required supplemental manpower (Unit Liaison, LOD Clerk, Referral Coordinator and Case Manager) to complete the on-site screening and follow-up process requirements.

k. Evaluating program implementation and establishing quality assurance procedures.

10. JFHQ-J6 is responsible for reviewing IT requirements for computer application of the PDHRA.

11. Unit Commanders are responsible for:

a. Ensuring that unit training schedule reflects the requirement to offer the PDHRA within 90-180 days of REFRAD.

b. Coordinating with the state Project Manager and NGB Program Manager to schedule PDHRA screen and to identify resources needed to accomplish the requirement.

Enclosure 2, PDHRA Implementation Process

1. Requirements:

a. All Soldiers of the Army National Guard who have been re-deployed from a combat zone on or after 10 March 2005 who have completed the DD Form 2796, Post-Deployment Health Assessment form, are identified as the priority soldiers/units to be offered the opportunity to complete the PDHRA at the time interval of 90 to 180 days REFRAD. Soldiers who returned from combat deployments between 11 September 2001 and 9 March 2005 will also be offered the opportunity to complete the PDHRA, but are not considered priority units.

b. The Department of Defense Post Deployment Health Re-Assessment form will be the only recognized screening tool utilized to complete this re-assessment screen.

c. The PDHRA is a component of the Army and Army National Guard Deployment Cycle Support Plan.

d. The group screening process is the recommended course of administration of the PDHRA for the Army National Guard. This screening will be coordinated through the J-1 Office and will include the following requirements;

(1) Screening location must take into account the need for Soldiers to complete this form in a location that allows for confidentiality.

(2) Review of each Soldier screening form with a provider will occur in a location that ensures privacy.

(3) In the event the Soldier is not available to attend the group screening, the PDHRA can be administered on a one-on-one basis via Army Knowledge On-Line (AKO) or through the National Call Center (888)-PDHRA99. These options should be accomplished by exception.

e. It is highly recommended that units schedule this health re-assessment for the first drill post deployment (four months post REFRAD).

(1) Soldiers who have retired, reached Expiration Term of Service (ETS) or have been discharged from the Army National Guard should be encouraged to complete the PDHRA with their unit, despite their current status.

(2) Soldiers in the Community Based Health Care Organization will complete the PDHRA at the CBHCO in accordance with the Army PDHRA implementation plan.

f. All PDHRA screening sites will have in place a process to access emergency treatment for those who are identified as having an emergent deployment-related health concerns during the PDHRA process. This should be the same procedure that units utilize during a drill weekend if a Soldier poses a risk to themselves or others or has an immediate medical problem.

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g. The PDHRA Contractor will provide a licensed mental health professional on site to further interview individuals identified as needing urgent or emergency referral.

h. Coordination will be made for follow on referrals among providers including Veterans Administration/Veterans' Center, Community Support Agencies , Military Treatment Facilities (MTF), TRICARE, and contract support. The TRICARE Access standards will be utilized to ensure immediate access to follow-on referrals. The VA will be used as the initial referral point if possible.

i. If a Soldier is found to have a condition that meets the requirements for erroneous REFRAD due to a medical condition, the Medical Retention Processing 2 (MRP2) procedures can be applied.

j. The PDHRA screening form will be automated and forwarded to the Army Medical Surveillance System (AMSA) to be archived in the Defense Medical Surveillance System (DMSS).

k. Annotation into the MEDPROS database as a download from AMSA, will identify the fact that the Soldier has completed or declined the PDHRA.

l. Upon fielding of the Medical Non Deployable (MND) tracking module: Profiles and referrals generated through the PDHRA screening will be entered into this module. Use of this module will allow states to better track Non-Deployable Soldiers and ensure visibility of any board process.

m. A copy of the DD 2900 PDHRA Screening and any SF 513 Consultation and/or LOD (DA Form 2173) will be placed into the in the Soldier's Health Record.

n. An evaluation of the PDHRA program implementation will be established to comply with applicable quality assurance procedures.

o. If this process is completed at the state level without the use of the FOH screening teams, the State Surgeon is responsible to assure that any Nurse Practitioner, Physician's Assistant, or Physician that reviews the form with the soldier completes the required training found in Enclosure 11 prior to reviewing soldier's completed DD 2900's.

2. Process: A sample PDHRA Pathway is in Enclosure 4 and a PDHRA Timeline is in Enclosure 6.

a. Soldiers will receive education in the following areas at the time of, or prior to completion of the screen:

(1) Overall health to include behavioral and mental health aspects associated with deployment.

(2) Veteran Health Care Administration benefits and access procedures.

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(a) All Soldiers should be encouraged to enroll in Veterans Health Care Administration when applicable. Enrollment to the Veterans Health Administration is a prerequisite to receive care at the Veterans Health Care Administration.

(b) Veterans who serve on active duty in a theater of combat operations during a period of war after November 11, 1998 or in combat against a hostile force during a period of hostilities are eligible for hospital care, medical services, and nursing home care for a period of two years from their date of discharge.

(c) Time frame to receive VA medical care is unlimited if the medical condition was annotated in the Health Record and the injury/illness occurred or was aggravated by deployment in support of a contingency operation. A cost share may apply for medical care received from the VA. For more information see <http://www.va.gov/>.

(3) TRICARE. If time frame is within 180 days of REFRAD, Soldiers can use their TAMP benefits. They must enroll in TRICARE Prime (TRICARE Prime is only available at DoD MTFs during TAMP) upon RERAD or they will be charged a co-pay.

(4) In Line of Duty (LOD) consideration. An in LOD will be processed IAW AR 600-8-4 and MILPER Message Number 05-273: Line of Duty (LOD) Post Deployment Health Reassessment Policy.

(5) A Soldier can receive medical care through an approved in line of duty finding and the cost will be billed and coordinated through the Military Medical Support Office (MMSO). The PDHRA LOD Clerk, Referral Coordinator, or other state designated personnel will process the LOD and Referral. Lack of an LOD does not mean the Soldier cannot receive future care or file future medical claim. Medical documentation in the health record can be used to validate a future claim.

b. Soldiers will complete the PDHRA Screening in an automated format. The automated devices will be provided by the PDHRA Contractor for Soldiers who complete the DD 2900 during a scheduled event. Otherwise, the PDHRA will be accomplished through AKO or via telephone as indicated above.

c. Upon completion of the PDHRA Screening, a credentialed health care provider will review the results and the Soldier will be triaged and placed into one of the following categories:

(1) Emergent issue is present and Soldier will be referred immediately for behavioral health or medical issue.

(2) If there are no emergent behavioral health or medical issues, the Soldier will receive an additional interview. If the interview reveals a need for further non-emergent medical evaluation the Soldier will be referred for a routine appointment (Veterans Administration/ Military Medical Treatment Facility/TRICARE) and will be provided appropriate educational materials.

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(3) If the Soldier has no positive answers on the screening he/she will be triaged from the provider to a health educator; Registered Nurse, Licensed Practical Nurse, 91W. The Soldier will be provided educational materials.

(4) If the individual's medical or mental health reassessment indicates that the Soldier would be categorized as non-deployable due to injury or illness, the credentialed health care provider will apply consideration to the enrollment of the Soldier into the Medical Retention Processing 2.

- d. A copy of all documentation will be maintained in the Soldier's health record.
- e. Documentation of the PDHRA screening, evaluation, follow-up referral and treatment will be in the Soldier's Health record.
- f. An annotation will be made in the MEDPROS database that the Soldier has completed or declined the PDHRA. (This is accomplished in an automated fashion via download form AMSA.)
- g. The PDHRA Forms will be sent to the Army Surveillance Medical Activity office by the PDHRA Contractor.
- h. Forms and clinical guidance are available on www.pdhealth.mil.

Enclosure 3, PDHRA Resource Recommendations

1. The PDHRA Program will be implemented in the ARNG in a unit, group manner via a computer-based application.

2. The following process needs will be implemented:

a. The J-1 office provides a listing of the units requiring Post Deployment Health Re-Assessment and a personnel roster of those units that identifies the soldiers mandated to be offered the PDHRA.

b. Coordinate receipt of a training/drill schedule from unit Commander with annotation of scheduled PDHRA.

c. Assumption: In order to receive a Contract PDHRA Team, 60 Soldiers will be scheduled per site per team. The following personnel resources will be necessary:

(1) The contract team will consist of the following:

(a) Two Credentialed providers (PA/NP/Physician). One provider can see 4-5 Soldiers per hour (approximately 15 minutes interview per Soldier) X 8 hours = approx. 30 Soldiers per provider per day.

(b) One Licensed mental health professional (Psychiatrist/Licensed Clinical Social Worker/Clinical Psychologist/Psychiatric Nurse Practitioner): to accomplish a mental health brief, to address questionable mental health issues, to perform interview for Soldier with an emergent mental health concern and refer to immediate care.

(c) Two medical administrative personnel to provide assistance to the Soldier completing the PDHRA Tool and to provide health information.

(2) The state will provide the following personnel during the MUTA and/or place them on orders when necessary to assist in the PDHRA process:

(a) Unit Coordinator who will be responsible for coordinating with the contractor all aspects of the PDHRA site visit.

(b) Line of Duty Administration Clerk who will be responsible for completing all LODs generated on the day of the PDHRA and for processing final LOD generated after initial evaluation.

(c) Referral Coordinator who will be responsible for coordinating all appointments for initial evaluations generated from the PDHRA. Appointments will be accomplished within the TRICARE Access Standards.

(d) Case Manager who will be responsible for coordinating follow-up care generated from the initial PDHRA Evaluation and for processing MRP2 packets as necessary.

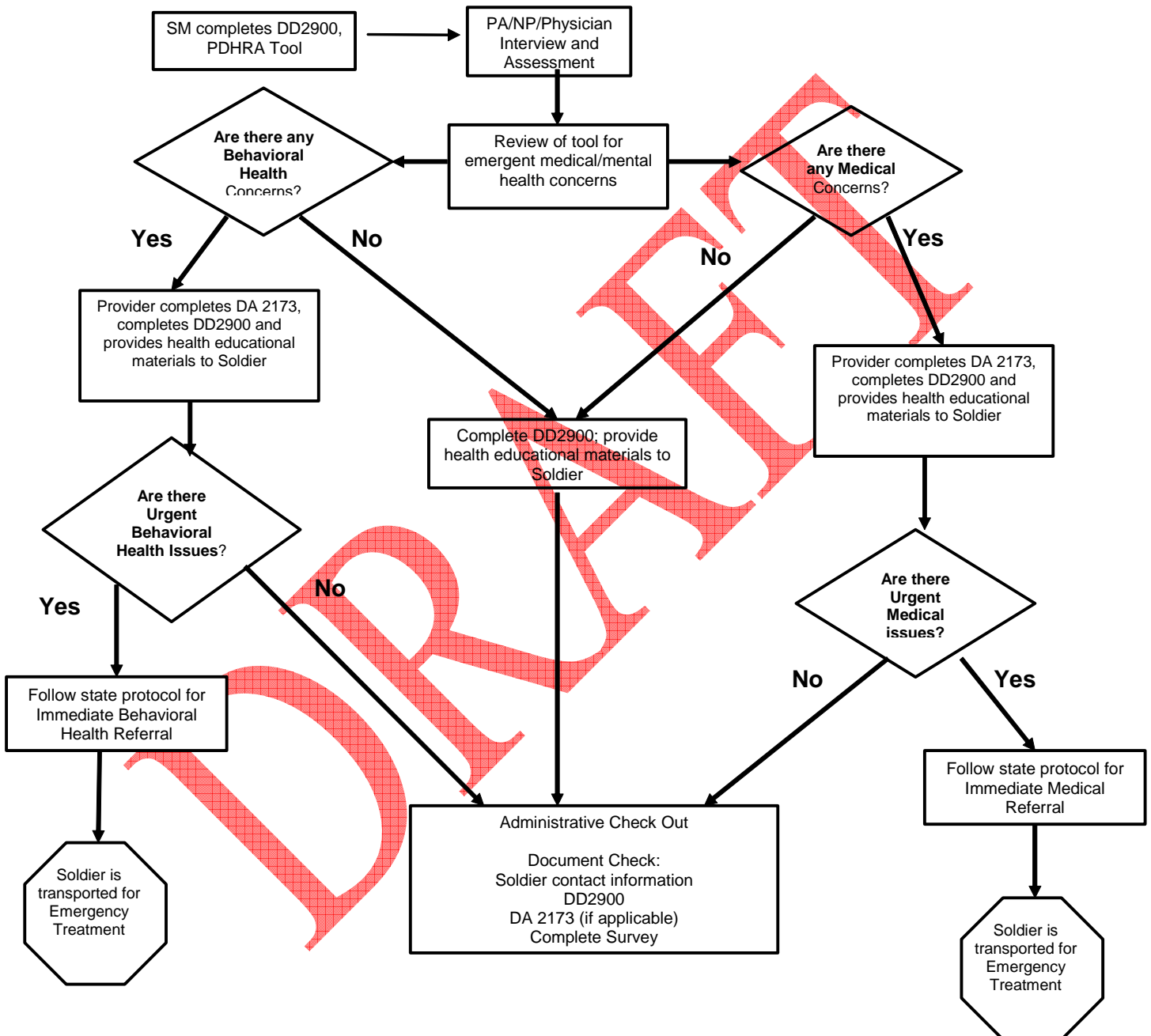
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(e) Appropriate profiles on the soldiers in the evaluation and treatment process will be entered into the MND module of MODS. Board actions can be monitored from this module.

(3) The length of the orders and the number of personnel are anticipated to adhere to the following table:

Unit Coordinator	1 per Site	Up to 5 man days per event
Line of Duty (LOD) Administration Clerk	1 per 100 Soldiers referred for additional treatment	Up to 40 man days per event
Referral Coordinator	1 per 50 Soldiers referred for additional treatment	Up to 40 man days per event
Case Manager	1 per 30 Soldiers referred for additional treatment	Up to 70 man days per event

Enclosure 4, PDHRA Screening Pathway



Enclosure 5, LOD Guidance

1. ARNG soldiers who have returned from deployment in a combat zone will be screened by a medical provider (physician, physician assistant or nurse practitioner) during the completion of a PDHRA. If the PDHRA screening reveals a need for further medical consultation, a DA Form 2173, Statement of Medical Examination and Duty Status will be processed IAW the following guidelines:

a. Section I, will be completed by the PDHRA medical provider as identified in paragraph 1.

(1) Block 7 will state "PDHRA Screening"

(2) Block 10 will state "This medical evaluation will be completed IAW Secretary of Defense PDHRA Directive".

(3) Block 15 will state "SM states _____."

b. Part II of DA 2173 will be signed by the unit commander or his/her designee. The signature verifies the soldier's participation in a contingency operation. Section 30, will state "Soldier requires further medical evaluation IAW with PDHRA Directive.

2. The Soldier will have an initial evaluation completed by the VA or other approved service provider and the results will be jointly reviewed by the State Surgeon's Office and the J1. A determination will be made for duty connection and a State Title 10 Officer (USFPO or Senior Army Guard Advisor) will be the final approval authority. The following procedures will be completed to document duty connection or lack of duty connection.

a. A memorandum will be prepared with one of the following statements based on the outcome of the initial referral:

(1) In the Line of Duty

(2) Not in the Line of Duty

b. The memorandum will be addressed to the Soldier and a copy will be distributed to the State Surgeon to be placed into the soldier's medical records, the G1 to be placed into the personnel record and the Unit Commander.

2. The NGB POC for Line of Duty inquiries is Ms Blanche Gardner, (703)607-9155 blanche.gardner@ngb.army.mil.

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Enclosure 5, LOD Guidance

Sample Cover Letter

State Letterhead

Office Symbol (600-8-1)

Date

MEMORANDUM FOR Commander, Unit Name, State National Guard, Address

SUBJECT: Line of Duty Determination First Name, Last Name, MI, SSN

1. The service member subject above completed a PDHRA Screening and was given a subsequent medical evaluation. The medical evidence has been reviewed and the following findings have been determined.

2. Line of Duty is **Approved** for injury/illness identified during a PDHRA screening completed on (date of screening). IN LINE OF DUTY findings are documented by this correspondence. The approving and reviewing authority are the same.

2. Line of Duty is **Disapproved** for injury/illness identified during a PDHRA screening completed on (date of screening). NOT IN LINE OF DUTY findings are documented by this correspondence. The approving and reviewing authority are the same.

BY AUTHORITY OF THE SECRETARY OF THE ARMY:

Signature Block

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Enclosure 6, Referral Pathway

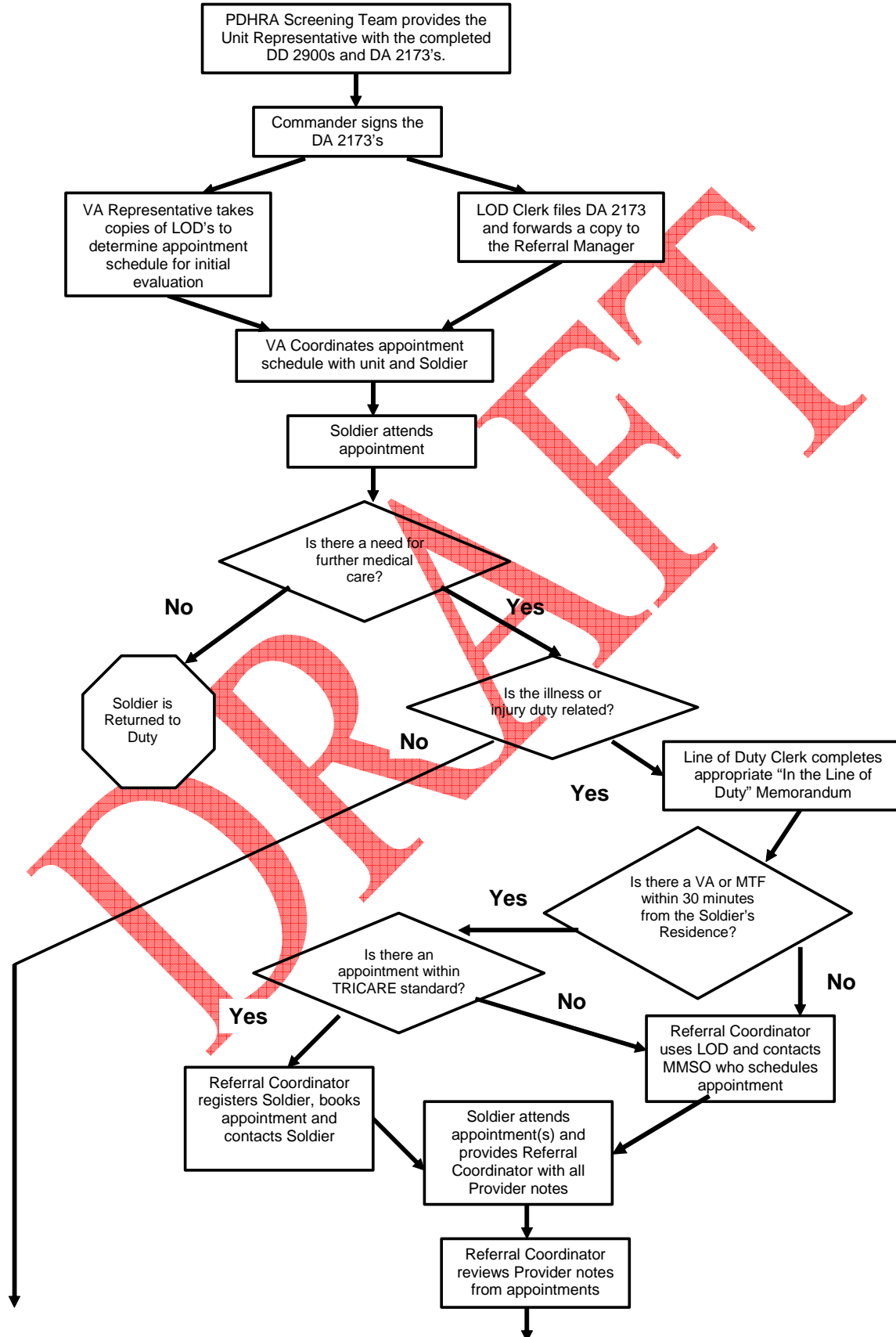
1. Coordination will be made by the Referral Coordinator or designated responsible party for all medical evaluations recommended by the PDHRA screening providers. Medical evaluation should be made initially with the Veterans Administration/Veterans' Center and Community Support Agencies. If this is not possible, alternate sources include available Military Treatment Facilities (MTF) or TRICARE Network Providers using MMSO for coordination. The TRICARE Access standards will be utilized to ensure immediate access to follow-on evaluations and referrals.

2. The following chart depicts the TRICARE Access Standards for distance and appointments.

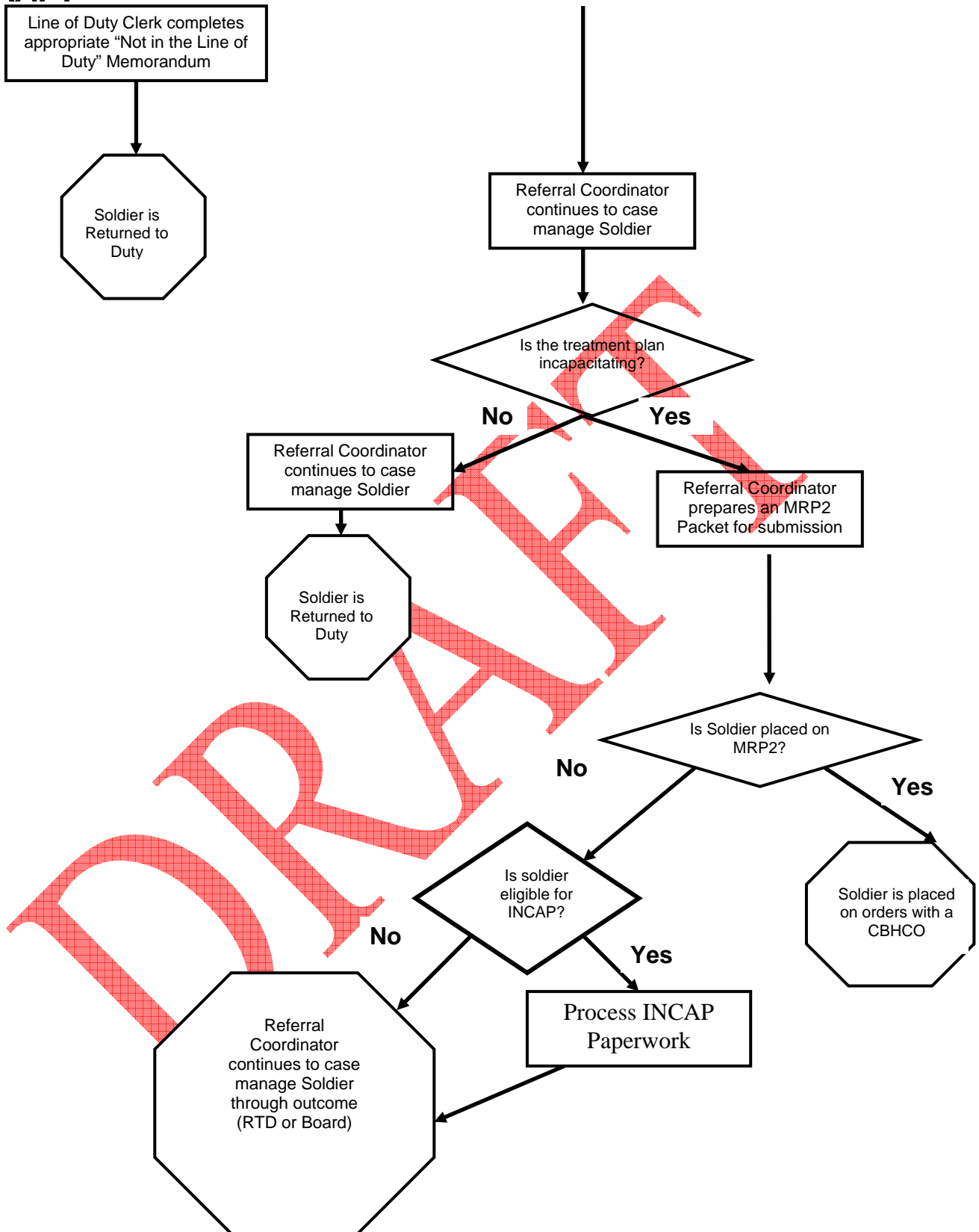
	Urgent Care	Routine Care	Referred/Specialty Care	Wellness/ Preventive Care
Appointment wait time	Not to exceed 24 hours	Not to exceed seven days	Not to exceed four weeks	Not to exceed four weeks
Drive time		Within 30 minutes from home	Within 60 minutes from home	
Wait time in office	Not to exceed 30 minutes for non-emergency situations.			

3. All Referrals for medical evaluation will be documented on a DA Form 2173, Statement of Medical Examination Sheet by the Screening Provider. The provisional diagnosis block with contain the following statement: "SM states_____."

Enclosure 6, Referral Pathway

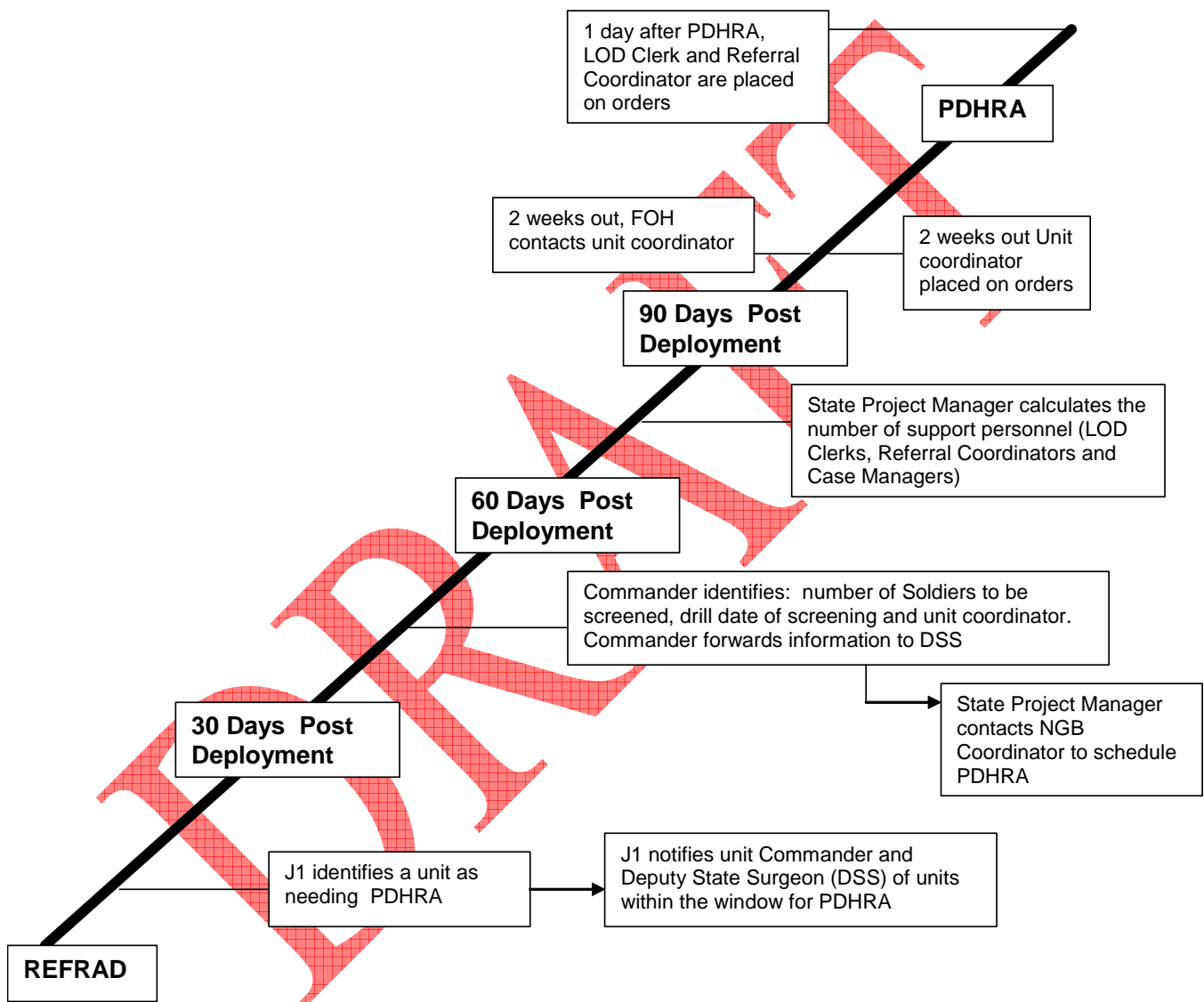


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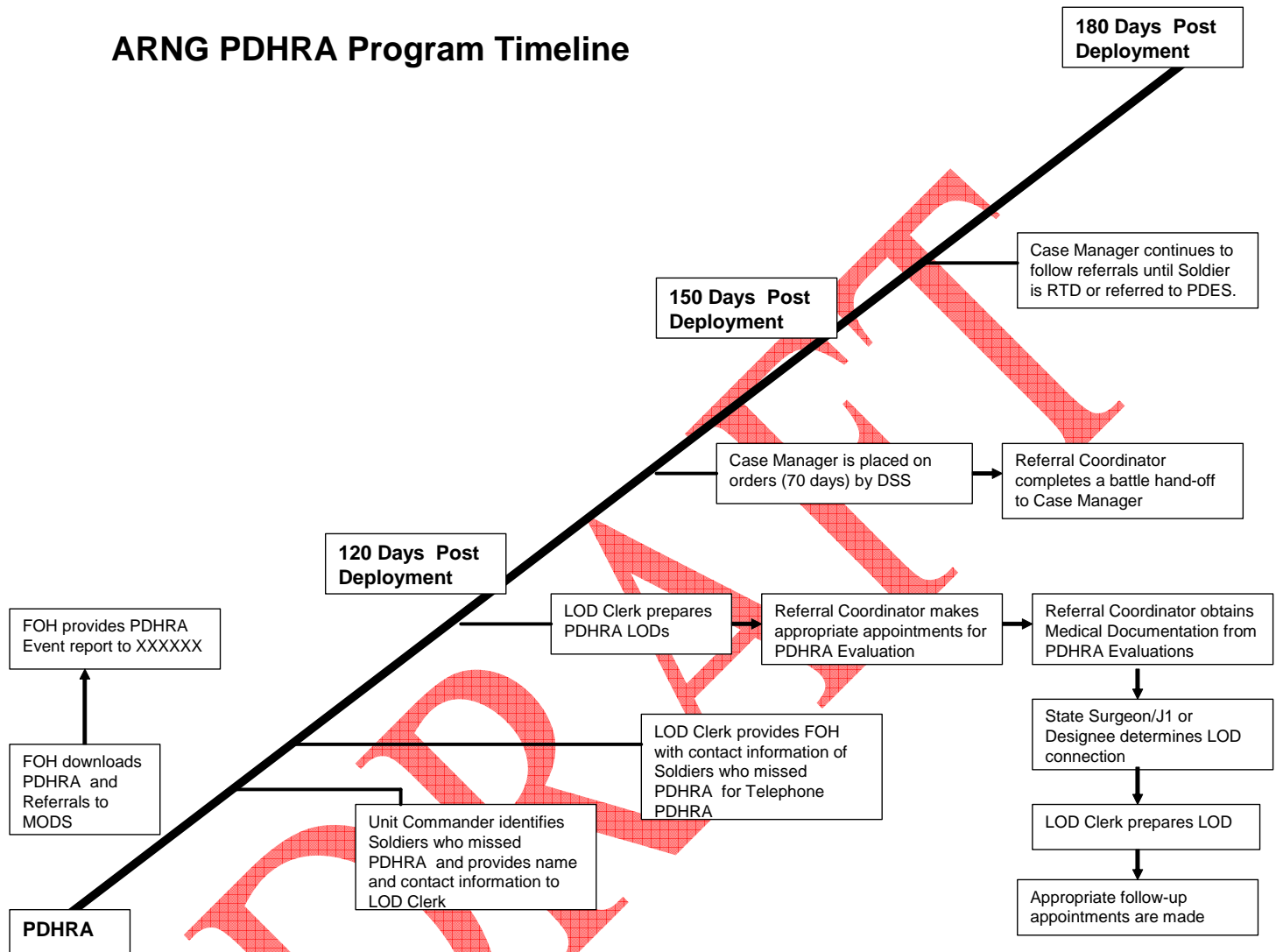
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Enclosure 7, PDHRA Timeline (Phase 1)



Enclosure 7, PDHRA Timeline (Phase 2)

ARNG PDHRA Program Timeline



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Enclosure 8, PDHRA Coordination Sheet

State: _____ State POC: _____

Phone: _____ Email: _____

PDHRA Screening Date: _____ Total Number of Soldiers: _____

PDHRA Location: _____

Street Address to include building number , city, state and zip code

UIC	Unit Name	Number of Soldiers to be Screened	Unit POC	Unit Phone	Date REFRAD

Contact PDHRA Contract Team Coordinator: Jerry Fushianes, PA-C

Phone: (800)666-2833 ext 546 Fax: (608)783-7532

Email: jfushianes@logisticshealth.com

Coordinate Unit POC:

Projected Start Date: _____

Name: _____ PHONE: _____

FAX: _____ Email: _____

Coordinate LOD Administrative Clerk:

Projected Start Date: _____

Name: _____ PHONE: _____

FAX: _____ Email: _____

Coordinate Referral Coordinator:

Projected Start Date: _____

Name: _____ PHONE: _____

FAX: _____ Email: _____

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Coordinate Case Manager:

Projected Start Date: _____

Name: _____ PHONE: _____

FAX: _____ Email: _____

Site Preparation:

Identify 3 private areas for provider screening. Can be an office in close proximity or cubicle partitions.

Identify an area for the screening team administrative personnel (2 per team) and for the LOD Clerk and Referral Coordinator.

Identify tables and chairs for site (one per provider, administrative personnel, state personnel, printers) up to 10 tables and 10 chairs

Identify 8 surge suppressors and 5 heavy duty extension cords

Identify and ensure access to a copier, fax machine and telephone for the Screening Team.

Prepare to receive the equipment from FEDEX and secure for PDHRA Team

Prepare to meet/greet PDHRA Team the day prior to event or prior to first formation

Unit Preparation:

Contact Unit Commanders and provide information briefing on the PDHRA Process

Contact Unit Administrator and insure that Soldier contact information is up-to-date in administrative systems

Will transportation be necessary on the day of the event? Make arrangements

Enclosure 9, PDHRA Commander's Checklist

#	TASK	YES	NO
1.	Identify all PDHRA-eligible Soldiers in the unit(s) designated through MEDPROS/SIDPERS.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Coordinate PDHRA screening on designated unit(s) drill training calendar. Confirm the availability of FOH PDHRA screening teams for all of the desired dates and locations through NGB liaison. Ensure that the screening teams have the capacity to complete a PDHRA screening based on the anticipated numbers of Soldiers expected to be present.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Establish site POC for each site and communicate address, phone and e-mail information to PDHRA POC (Jerry Fushianes @ 800-666-2833x546, e-mail jfushianes@logisticshealth.com).	<input type="checkbox"/>	<input type="checkbox"/>
4.	Confirm the availability of FOH PDHRA screening teams for all desired dates and locations and ability to screen anticipated numbers of soldiers expected to be present.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Receive "Timeline for On-Site Checklist" from FOH for commander review.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Receive sample commander's brief from FOH for commander review.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Coordinate arrival of FOH PDHRA screening teams to ensure that each facility (Reserve Center/Armory) is configured in advance to effectively administer the PDHRA screenings.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Coordinate and confirm TRICARE and VA liaisons attendance at the unit(s) PDHRA screening.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Identify those soldiers deemed unable to participate during the scheduled PDHRA. Provide these soldiers information on how to complete the PDHRA screening using the AKO web site and PDHRA call center or provide information on other PDHRA sessions to be performed in the area or coordinate session at next available screening in the state. Maintain document trail.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Assure SOP is in place to complete any required Line of Duty (LOD) investigations per the Department of the Army message on LOD procedures for the PDHRA Program.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Assure training has been accomplished to complete Line of Duty investigations according to SOP.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Assure unit(s) is staffed with administrative support to handle PDHRA processing.	<input type="checkbox"/>	<input type="checkbox"/>

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#	TASK	YES	NO
13.	Receive and review all PDHRA training materials from the Army National Guard Surgeon or the OCAR Surgeon (Army Reserve) prior to the PDHRA screening.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Review the emergency care procedures for soldiers in accordance with existing regulations and policies.	<input type="checkbox"/>	<input type="checkbox"/>
15.	Verify Deputy State Surgeon staffing for Referral Coordinators and Case Managers to support PDHRA outcome.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Receive initial event summary from FOH.	<input type="checkbox"/>	<input type="checkbox"/>
17.	Receive final event summary from FOH.	<input type="checkbox"/>	<input type="checkbox"/>
18.	Conduct AAR and provide cc: results to State J1/DSS and NGB liaison.	<input type="checkbox"/>	<input type="checkbox"/>
19.	Track completion of PDHRA process for all unit(s) soldiers. Maintain documentation to support compliance.	<input type="checkbox"/>	<input type="checkbox"/>

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Enclosure 10, PDHRA HCP Training Requirements

TRAINING LOCATED AT [HTTP://WWW.PDHEALTH.MIL/DCS/PDHRA.ASP](http://www.pdhealth.mil/dcs/pdhra.asp)

EDUCATION AND TRAINING

- Post-Deployment Health Reassessment (PDHRA) Clinician Training, PowerPoint Presentation, Jun 05
Revised!
 - [Slide Presentation](#)
 - [Notes for Slides](#)
- [DoD Force Health Protection and Readiness, PDHRA Servicemember Briefing, 12 Sep 05](#)
- [Deployment Health Clinical Training Series, Pre- and Post-Deployment Health Assessment Process, Jan 04](#)

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Enclosure 11, PDHRA Referral Documentation

DA 2173

<http://www.apd.army.mil/pub/eforms/pdf/a2173.pdf> SF 513

SF 513

[http://contacts.gsa.gov/webforms.nsf/0/6F69D10901F8671B85256A3F0003F723/\\$file/sf513.pdf](http://contacts.gsa.gov/webforms.nsf/0/6F69D10901F8671B85256A3F0003F723/$file/sf513.pdf)

VA Health Information Release Form (VA 10-5345)

<http://www.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf>

DD 2900

http://deploymentlink.osd.mil/pdfs/dd2900postdephr_pdhra.pdf

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Enclosure 12, Battlemind Training Program

<http://www.armyg1.army.mil/hr/dcs/Annex/Battlemind%20Training%20II%20Briefing%20Speaker%20Notes.ppt>

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Enclosure 13, VA Coordination

National Liaison with the VA is Mr. Alex Baird (703) 607-5485

State contacts are listed below:

State	Name (Last, First)	Phone Number	e-mail
AK	Henderson, Terri	907-428-6688	Terri.Henderson@ak.ngb.army.mil
AL	Northam, Dianna	(334) 270-2990/(334) 320-6085 (cell)	dianna.j.northam@al.ngb.army.mil
AR			
AZ	Wills, Edward	602-629-4421	ed.wills@az.ngb.army.mil
CA	O'Brien, Michael		Michael.O'Brien@ca.ngb.army.mil
CO			
CT	McHale, Dan	860-748-0037 (Cell)	daniel.j.mchale@us.army.mil
DC	Oliver, Barbara	202-685-8857	barbara.oliver@dc.ngb.army.mil
DE	Russ, Rashoen "Kim"	(302)326-7180	kim.russ@us.army.mil
FL	King, Amy	(904) 823-0330	amy.king@fl.ngb.army.mil
GA			
GU			
HI	Flores, Joseph	623-572-9486 Home	onipaa50@quest.net
IA	Foley, Billy	(515)252-4150	billy.foley@ia.ngb.army.mil
ID	Kelly, Mary	(208) 422-4408	Mary.Kelly@id.ngb.army.mil
IL	Bertoni, Darlene	(217) 761-3715	Darlene.Bertoni@ng.army.mil
IN	Harris, Gloria	317-247-3299	Gloria.Rainey@in.ngb.army.mil
KS	Wisdom, Janet	785-274-1129	Janet.Wisdom@ng.army.mil
KY	Gooch, Richard	502-607-1085	richard.w.gooch@us.army.mil
LA	Stiefvater, Robert		Robert.Stiefvater@la.ngb.army.mil
MA			
MD	Gehring, Kerry		
ME	Moody, Wendy	207-626-4221, DSN 626-4221	wendy.moody@us.army.mil
MI	Serra, Anthony	(313) 957-6508	Anthony.Serra@mi.ngb.army.mil
MN			
MO	Amick, Jeremy P	(573) 638-9500 x7764	Jeremy.amick@mo.ngb.army.mil
MS	Tudor, Edwin	(601) 313-6162	edwin.tudor@us.army.mil
MT	Lake, David	(406) 324-3189	David.Lake@ng.army.mil
NC	Butterworth, Andrew	919-664-6782	andrew.betterworth@nc.ngb.army.mil
ND	Rohrer, Marilyn		Marilyn.Rohrer@ng.army.mil
NE			
NH	Lindskog, Lisa	603-225-1309	Lisa.Lindskog@ng.army.mil
NJ	Nyzio, Joseph		
NM	Vigil, Wanda		wanda.vigil@nm.ngb.army.mil
NV	Rank, Carmen		
NY	Abrams, Patrick	(518) 786-4735	
OH	Dean, Terry	Cell phone 937-403-3300	terry.w.dean@us.army.mil
OK	Stice, Sue	(405) 228-5389	janice.s.stice@ok.ngb.army.mil
OR	wilson, lucas	(541) 922-8303	lucas.wilson2@or.ngb.army.mil
PA	Jacoby, Kenneth	(717) 861-2650	Jacobykr@pa-arng.ngb.army.mil
PR			
RI	Usler, Steven	(401) 275-4198	steven.usler@ri.ngb.army.mil
SC	Moon, Randall	(803) 806-1555	Randall.Moon@sc.ngb.army.mil
SD	Otterberg, Todd		
TN	Goodrich, Charles "Mike"	615-313-3096 (DSN 683) cell # is 615-2	charles.goodrich@tn.ngb.army.mil
TX	Schenatzki, James	(512) 782-6019	James.Schenatzki@tx.ngb.army.mil
UT	Davis, Bart		
VA	Bell, Dorian	434-298-6129	Dorian.M.Bell@va.ngb.army.mil
VI	Montalvo, Luis	340-712-7757	Luis.Montalvo@vi.ngb.army.mil
VT	La Bounty, Ronnie	518-597-4497	ronnie.m.labouty@us.army.mil
WA	Riggs, Tom	(253) 512-8722	tomriggs.riggs@us.army.mil
WI	Unger, Jeffrey	608.242.3727	Jeffrey.Unger@wi.ngb.army.mil
WV	Silver, Lisa		Lisa.Silver@wv.ngb.army.mil
WY	Barela Raymond	307-772-5163	Raymond.Barela@ng.army.mil